SECTION 1

ORGANISATION AND MANAGEMENT OF INFECTION PREVENTION AND CONTROL.

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Introduction

It is vital to have effective infection prevention and control practices as the emphasis increases on the delivery of safe, quality and holistic care. Healthcare is delivered in a variety of community healthcare settings including long term residential facilities, primary care, disability services, mental health, dental services and in the client’s home. Although, not all healthcare-associated infection is avoidable a significant proportion is preventable. Better application of existing knowledge and adherence to good practice can make a great contribution to minimising the spread of infection and is also cost-effective.

The aim of this document is to assist staff in taking all reasonable steps to protect residents/clients and themselves from infection. Infection Prevention and Control is everybody's responsibility and all staff must be able to apply the basic principles and understand the modes of transmission of infectious organisms.

This document provides information and guidance on the requirements and recommendations for staff on the prevention and control of infection in all Community Healthcare Services. This document replaces the ‘Guidelines on Infection Control in Community Hospitals’ (HSE South, 2008), Guidelines on Infection Control for Disability Services” (HSE South, 2008) and Community Infection Control Guidelines (SHB, 2004).

Infection Prevention and Control Governance

The Health Information and Quality Authority (2009) requires that each area has structures, systems and processes in place to effectively manage and implement a programme to prevent and control healthcare associated infection.

To comply with their standards, each area should have a multidisciplinary Infection Prevention and Control Committee chaired by the Chief Executive/general manager or representative in place that reflects the size, complexity and specialties of the area which has regular formal meetings that are minuted.

1. Roles and Responsibilities
Regional Governance of Health Care Associated Infection

The Regional Director of Operations (RDO)

1. Develops structures and processes for the HSE South region to provide assurance regarding the monitoring and reduction of risk due to Health Care associated Infection (HCAI) and Antimicrobial Resistance (AMR) within the service areas.
2. Oversees the implementation of National Standards for the prevention and control of HCAI within the region.
3. Ensure that there is regular reporting to the Regional Management Team in relation to the HCAI and AMR programme and that any action required is taken in respect of the reports made.
4. Establishes a regional Quality and Patient Safety Committee where HCAI and AMR are part of its terms of reference.
5. Ensure that there is ongoing monitoring of Quality Improvement Plans (QIPS) in each area within the region to ensure that actions are being implemented to mitigate risk in relation to HCAI and AMR.
6. Will ensure that the HCAI and AMR are managed appropriately within the regional risk management and quality and safety framework.

**The Service Area Managers** are the managers responsible and accountable for the provision of services in the area (Cork and Kerry). The Area Manager will ensure that the appropriate management structures, procedures and policies are established in order to support managers and staff responsible for the prevention and control of infection to execute their respective roles and responsibilities. The area manager will follow the points 1-3 as outlined above for the RDO in line with their reporting relationship to the RDO and for their individual areas.

4. They will also ensure that there is ongoing monitoring and review of QIPS to ensure that actions identified as required are implemented.
5. They will also ensure that the risks in relation to HCAI and AMR in the area are managed appropriately and in a timely fashion within the regional risk management and quality and safety framework.
6. If issues are identified that cannot be managed within the area they are escalated to the RDO and the Regional Infection Prevention and Control Committee in a timely fashion.

**The Operations Managers and General Managers** are responsible for the delivery and functions for care groups and specific services in Cork and Kerry, and are responsible for ensuring that all relevant Heads of Department and Discipline are delegated responsibility to ensure the appropriate infection prevention and control planning and delivery is incorporated into service plans and standard operating procedures in the relevant areas of operational services.

**The Head of Discipline/Matron/Director of Nursing/Service/Principal Dentist** is responsible for ensuring appropriate infection control policies and procedures exist, are evidence based, are understood by all members of staff, accessible and are implemented within their service. Each Community Service should hold a copy of the Community Infection Prevention and Control Guidelines, which outlines the necessary precautions that all staff should take in the prevention of cross-infection. If issues are identified that cannot be managed within the area they are escalated to the relevant Operations Managers and/or Infection Prevention and Control Committee in a timely fashion.

**The Medical Officer or General Practitioner (GP)** - Every Medical Officer or General Practitioner is responsible for the diagnosis and treatment of infectious diseases as they occur in their patients. The doctor also has an ethical responsibility to consider the implications of such a diagnosis for other people. Liaison with the Senior Medical Officer (SMO) and Infection Prevention and Control Nurse is important in infectious disease control. The GP is responsible for notifying the SMO of certain infectious diseases and completing notification forms available on [www.hpsc.ie](http://www.hpsc.ie).
The Consultant Microbiologist is available to support the infection prevention and control nurse, for advice on microbiological laboratory service and for advice on antimicrobial prescribing.

The Infection Prevention and Control Nurse provides advice and education on infection prevention control, facilitates the development of policies in relation to infection prevention and control and also carries out infection control audits. He/she works with the Consultant Microbiologist for their area and/or liaises with the Senior Medical Officer (SMO) for the area, particularly during an outbreak situation.

The Senior Medical Officer (SMO) will be involved in investigations of outbreaks and should be informed of all cases of notifiable infectious diseases.

The Principal Environmental Health Officer (PEHO) and the Environmental Health Department will advise on food hygiene, kitchen layout, pest control, waste disposal and other environmental health issues as well as giving advice to food workers on personal hygiene. Their principal duty is the enforcement of Food Safety Legislation by the inspection of food premises, interviewing food workers, taking food samples and checking food safety management systems. They also investigate complaints about food and collaborate with the SMO in the investigation of outbreaks, particularly of food or water-borne illness.

The Healthcare Worker is responsible for ensuring resident/client safety by adhering to Standard Precautions. They should not report for work when suffering from a known or suspected infection without first seeking advice.

2. Committee Structures

Regional Quality and Patient Steering Group

The Regional Healthcare Associated Infection/Antimicrobial Stewardship (HCAI/AMR) Committee reports to the Regional Quality and Patient Safety Steering Group (QPS) which is chaired by the Regional General Manager in Quality and Patient Safety.

The Regional Healthcare Associated Infection/Antimicrobial Stewardship (HCAI/AMR) Committee

This is a sub committee of the Regional QPS Group. This committee reports to the Regional QPS steering group and will be supported by the Regional Quality and Patient Safety department. It is responsible for receiving and reviewing reports from the areas infection prevention and control committees in relation to compliance with National infection prevention and control standards. This committee will

- receive and review regional HCAI and AMR surveillance data.
- provide assurance to the RDO in relation to the management of HCAI and AMR and where gaps in assurance are identified to communicate these to the relevant Area Manager and Regional Quality and Patient Safety Steering Committee.
- act as an advisory group to the RDO on infection prevention and control issues to include prevention of HCAI and AMR and improvements in antimicrobial stewardship.
- advise the RDO regarding regional resource allocation and to identify regional priority issues.
- produce an annual plan and an annual report for sign off by the Regional Quality and Patient Safety Steering Committee.
• be a sub-committee of the Regional Quality Patient Safety (QPS) group and will report in to the Regional QPS steering group.

**The Area Infection Prevention and Control Committee**

Each area committee report to the Cork/Kerry Regional Infection Prevention and Control Committee and to the HCAI /AMR group HSE South

The committee will

• endorse all infection prevention and control policies, procedures and guidelines,
• provide advice and support on the implementation of policies, procedures and guidelines
• develop the annual infection control programme and monitoring its implementation in collaboration with the Infection Prevention and Control Nurses.

**Healthcare Facility**

Each healthcare facility should include infection prevention and control as an agenda item on staff and business meetings.

**Training and Education**

It is important that all members of staff, including temporary and relief staff, understand their responsibilities in the prevention and control of infection and are familiar with infection prevention and control policies. Each Head of Discipline/Service is responsible for the implementation of these guidelines including the provision of training. Infection Prevention and Control Nurses are available to provide training on request to support the staff in this regard. Each community healthcare setting should have induction and ongoing training in the prevention and control of infection. This should include:

- **Hand Hygiene Education** – As recommended in ‘Guidelines on Hand Hygiene in the Irish Healthcare Setting’ (SARI, 2005), Hand Hygiene Guidelines for outpatient settings and residential settings as per the WHO (2012) moments of hand hygiene. All Healthcare staff must receive:
  - Hand hygiene education at induction including a knowledge and competency assessment
  - Updates every two years and
  - All staff should receive the leaflet ‘Hand Hygiene for Healthcare Workers’ HSE South (Cork and Kerry) 2010 at local induction.

- **Standard Precautions** – All staff should receive training on Standard Precautions. "Prevention and Protection protocols for Blood and Body Fluid Exposure" HSE South (Cork and Kerry) 2010 booklet (See section 2) should be given to all healthcare workers at local induction.

- **Guidelines on Infection Prevention and Control for Community and Disability Services** - all clinical staff should be familiar with this document.
It is recommended that clinical staff should:

- Continuously update their infection control knowledge.
- Keep abreast of current research to underpin and improve on existing practices,
- Liaise with the Infection Prevention and Control Nurse as an effective resource.

**Monitoring and Reporting of Infectious Diseases**

Certain cases of infectious diseases, whether confirmed or suspected, must be notified by the Medical Officer/GP to the Department of Public Health. A standard form and advice on local arrangements is available from the SMO. A list of notifiable diseases appears in Appendix1. It is recommended that cases of other infectious diseases, which are not statutorily notifiable (e.g. scabies) should also be reported by the Medical Officer/GP to the SMO when an outbreak is suspected.

Prompt notification and reporting of cases of infectious disease to the SMO is essential for the monitoring of infection, and allows for early investigation and prompt control of its spread.

The following information will be required by the SMO on residents/clients with suspected or confirmed infectious diseases.

- Name, age/date of birth, identification number and sex of patient
- Ward/Address
- General practitioner’s name
- Date of onset of symptoms and duration of symptoms
- Type of symptoms
- Samples sent and results, if known
- Diagnosis
- Source of infection if known
- Contacts- e.g. recent hospital in-patient, family, staff and visitors
- Outcome
- Whether the case was notified_reported to the SMO. If so, the date of notification/reporting

Similar information maybe required for any staff that develop similar symptoms.
Control of an Outbreak of Infection

**Definition:** An outbreak may be defined as

- Two or more linked cases of the same illness or
- A situation where the observed number of cases exceeds the expected number or
- A single case of disease caused by a significant pathogen e.g. diphtheria.

(Infectious Diseases Regulations, HPSC 2011)

As soon as an outbreak of an infectious disease is suspected, the Medical Officer/GP/Person in charge should contact the SMO and Infection Prevention and Control Nurse. They will advise of any immediate actions necessary to control the outbreak. This advice is likely to include the following:

1. Records as above to be kept on all cases. A special survey by the SMO and Infection Prevention and Control Nurse of the index case and other clients may be necessary.
2. Appropriate specimens to be sent to the laboratory with appropriate record keeping.
3. In relation to the isolation of clients/residents- the SMO and Infection Prevention and Control Nurse will advise on any necessary steps. It may be appropriate to stop admissions, transfers, respites and visitors for a period of time. (See Guidelines on General Outbreak Management (Section 10) and Norovirus (Section 10.2))
4. In the case of a food borne outbreak the PEHO/Environmental Health department may interview clients about the food and water that they consumed, relevant food handlers about aspects of food hygiene and conduct a thorough inspection of the premises and its food safety management system. Food and water samples may also be taken.
5. In the case of gastroenteritis where staff are affected by symptoms, particularly food handlers and those working in a clinical environment, should not work until at least 48 hours after diarrhoea and vomiting have ceased; in certain circumstances, affected staff may be asked to submit stool specimens and be excluded from work until these are clear of infection. Contact PEHO/Occupational Health Department for specific advice.
6. The decision to convene an outbreak control committee will be made by the General Manager and or the Area Manager on the advice of the Consultant Microbiologist and or Medical Officer of Health.

**Occupational Health**

In the context of infection prevention and control it is desirable that all staff working in healthcare and associated services have access to occupational health advice which would provide the following:

Advice and support to all staff on work related issues
- Provide a comprehensive screening and immunisation programme for staff
• Assess staff when their employment commences and offer them testing and immunisation for specific communicable diseases which are appropriate to their area of work. (Line managers must refer staff to Occupational Health Department in the first instance as the Occupational Health Department would not know when employees take up posts).
• Provide appropriate immunisations and post immunisation testing
• Keep records regarding immunisations and post immunisation testing
• Keep records regarding immunisations and screening of staff and maintain them in a safe confidential manner in line with evidence based practice and legislation.

Healthcare facilities should have in place policies and procedures in respect of occupational exposure to blood or body fluids, which would address:
• Prevention of occupational blood and body fluid exposures
• Reporting structures and supporting documentation
• Medical assessment and treatment of staff
• Post exposure prophylaxis and follow up

Healthcare facilities will require appropriate policies/procedures
• To ensure that residents/clients are protected from staff with communicable disease.
• Such policies should clearly set out the responsibilities of the staff members including both for line managers and employees.
• Employees to report episodes of illness abroad to their line manager – (this is particularly important after travel abroad) and for other illnesses such as vomiting and diarrhoea and other illnesses if unsure.
• To ensure when necessary, staff can be excluded from work until they have recovered or the results of specimens are available. Advice should be sought from Occupational Health/ Senior Medical Officer/Environmental Health Officer. Appendix 2 Exclusion of staff from Work gives general guidance.

In HSE-South (Cork and Kerry) within the context of infection prevention and control the Occupational Health Department provides services in relation
• Pre-employment assessment and other assessments such as sickness absence, health surveillance of specific employee groups for health monitoring.
• Staff immunisation and (follow up) including vaccination against Hepatitis B/MMR/BCG/Chicken pox/influenza/seasonal influenza.
• Management of work related injury/illness and exposure to infection such as management and follow up of Blood and Body fluid exposure and poster ‘Action following blood and body fluid Exposure’ (section 3.8), exposure to infection e.g. T.B.
• Assessment of occupational associated infection i.e contact tracing and appropriate treatment.
• Hand care - advice on the prevention and management of dermatitis.
• Latex allergy screening and follow up.

It is recommended that the role and function of the Occupational Health Department is included in induction for all staff. Training is available by contacting your local Occupational Health Department.
References


